## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

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CC-0122A

		CLAIMS AS	S FILED - I (Column		(Colur	nn 2)	_	MALL EN		OR	OTHER SMALL	
TC	TAL CLAIMS		19				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	R EXTRA	ļ	BASIC FEE	370.00	OR	BASIC FEE	740.00
ТО	TAL CHARGEA	BLE CLAIMS	g minus 20=		* 0		Ī	X\$ 9=		OR	X\$18=	
DNI	EPENDENT CL	AIMS	3 minus 3 =		* 0		İ	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					•		ł	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	Ĺ	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED -				- PΔR	T II			101/LE		OIT	OTHER	
		(Column 1)	MILINDED	(Colu		(Column 3)		SMALL E	NTITY	OR	SMALL E	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT A</b>	Total	* 78	Minus	**	ςς	=		X\$ 9=		OR	X\$18=	
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L		NTATION OF M					۱ ۱	+140=		OR	+280€	
BEST AVAILABLE COPY								TOTAL		ΩB	TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)	,	ADDIT. FEE			ADDIT. FEE	7
AMENDMENT B	a Charly 22 Per SUM SHE	CLAIMS REMAINING AFTER AMENDMENT	bookseen from New ACON (1970)	HIGI NUN PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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L	FIRST PRESE	NIATION OF M	OLTIPLE DEF	ENDEN	CLAIM		<b>」</b> [	+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	1 - 4 - 2 - 15 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											1
	If the entry in colu	ımn 1 ie lees than	the entry in colu	ımn 2 wri	ite "O" in co	lumn 3.		+140=		OR	+280=	ļ
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.											

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DATE:	04.05 36	<del>/</del>	10/007	736
TO:	RCF		( - (	
FROM:	Office of Initial Patent E	Examination		
SUBJECT	: Fee Due			
APPLICAT	ΓΙΟΝ NUMBER:		-	
Office for the authorization	e for the attached documer he following reason. Plea on to charge a deposit acco appropriate fee. If an auth ciency.	se check the applicat ount. If an authorizat	ion for the appropriate	
□ Insuffici	ent fee by check			
Insufficie	ent funds in deposit accou	nt		
□ Declined	credit card		e d	
□ Non auth	orization for charge to dep	posit account		
□ No fee su	bmitted per requirement	•		·
The correct fo	ee code: 1253	_ amount	\$ 950	
The suspende	ed fee code: 197	amount	- \$	<u>.</u>
Fee Due		amount	=\$ 950	- -
you have an leanor Kurtz	y questions, please contac at 703-308-3642.	t Cynthia Streater at	703-306-5430 or	
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